

Name: _____
Date: _____
Check below designations that apply:
☐ LMFT # _____ ☐ Supervisor # _____
☐ Associate # _____ ☐ Intern # _____

CONTINUING EDUCATION REPORTING FORM

(Make copies as needed)

Notice: In order to complete your audit requirements for your renewal, please complete this form and attach your certificates of attendance reflecting the following required Continuing Education (CE) for your designation(s) (as listed below) and mail to the Board office. Make a copy of all forms submitted to the Board office for your own records. Only CE obtained in the previous twenty-four months may be counted towards this renewal. Please refer to the Rules and Regulations, CHAPTER 536-X-6-.01 for detailed CE requirements available at www.mft.alabama.gov.

LMFT's: 40 hours (minimum: 10 hours in Clinical MFT; 6 hours in Diagnosis & Treatment, and 6 hours in Professional Issues & Ethics.)

Supervisors: 5 hours in Supervision

Associates: 20 hours (minimum: 5 hours in Clinical MFT; 3 hours in Diagnosis & Treatment; and 3 hours in Professional Issues & Ethics.)

Interns: 10 hours (minimum: 3 hours in Clinical MFT; 3 hours in Diagnosis & Treatment; and 3 hours in Professional Issues & Ethics.)

1. Sponsoring Organization: _____	Type of Hours Earned:
Location of Seminar: _____	<input type="checkbox"/> Clinical MFT
Title: _____	<input type="checkbox"/> Diagnosis & Treatment
Brief Description: _____	<input type="checkbox"/> Prof. Issues & Ethics
_____	<input type="checkbox"/> Supervision
Principal Instructor: _____	<input type="checkbox"/> Other _____
Dates: _____	Hours Earned: _____
2. Sponsoring Organization: _____	Type of Hours Earned:
Location of Seminar: _____	<input type="checkbox"/> Clinical MFT
Title: _____	<input type="checkbox"/> Diagnosis & Treatment
Brief Description: _____	<input type="checkbox"/> Prof. Issues & Ethics
_____	<input type="checkbox"/> Supervision
Principal Instructor: _____	<input type="checkbox"/> Other _____
Dates: _____	Hours Earned: _____
3. Sponsoring Organization: _____	Type of Hours Earned:
Location of Seminar: _____	<input type="checkbox"/> Clinical MFT
Title: _____	<input type="checkbox"/> Diagnosis & Treatment
Brief Description: _____	<input type="checkbox"/> Prof. Issues & Ethics
_____	<input type="checkbox"/> Supervision
Principal Instructor: _____	<input type="checkbox"/> Other _____
Dates: _____	Hours Earned: _____